CENTRAL PROCESSING FACILITY, STUTTGART **Inprocessing Questionnaire**

Data required by the Privacy Act of 1974

AUTHORITY: 5USC 552a

PRINCIPAL PURPOSE: To verify that an individual has obtained clearance from the Army Staff Agency or installation facilities and has accomplished his/her

personal and official obligations.

ROUTINE USES: Used as appropriate, to process Central Processing Facility, Finance, Personnel, Housing, and Transportation.

DISCLOSURE AND EFFECT ON INDIVIDUAL: The disclosure of this information is voluntary. Failure to provide the information will result in a delay in your in processing.

| Central Processing Facility | | | | | Central Processing Facility | | | | | | | |
|--------------------------------------------------------------------|---------------|-----|--|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------|------|--------------------------------------------|-------|----|--|--|
| Appointment Date | | | | | Sta | aff Initial | | | | | | |
| Branch of Service: An | rmy Air Force | | | | Marine | | Navy | | Other | | | |
| Did your sponsor make contact prior to arrival? | | | | | Sponsor's Name: | | | | | | | |
| Where did your sponsor greet you? | | | | | Contact Number: | | | | | | | |
| Name: (last, first, MI) | | | | | Ra | ank: | SSN: | | | | | |
| DOB: (day, month, year) SEX: Male | | | | | F | emale |] | Marital Statues : Married Single Divorced | | | | |
| Unit: | | | | | | | , | Work phone: | | | | |
| Type of travel: | | | | | Co | oncurrent |] | Deferred All Others | | | | |
| Local APO address: | | | | | | | | | | | | |
| Date of Rank: (day, month, year) | | | | | Basic Active Service Date : (day, month, year) | | | | | | | |
| DEROS: (Rotation Date) (RTD) (day, month, year) | | | | | Termination of Active Service (ETS) Date: (day, month, year) (Enlisted personnel only) | | | | | | | |
| Date Departed U.S.A.: (day, | month, yea | ar) | | | | | | | | | | |
| COMMUNITY AGENCIES QUESTIONNAIRE | | | | | | | | | | | | |
| | Yes No | | | | | | | | Yes | No | | |
| 1. Is this your first enlistment? | | | | 6. How many children will you have here in your overseas household? | | | | | | ıs | | |
| 2. Is this your first assignment in Germany? | | | | 7. How many children in school K-12? | | | | | | | | |
| 3. Did you ship any personal property (household/express baggage)? | | | | 8. Did your sponsor make lodging arrangements for you prior to your arrival? | | | | | | | | |
| 4. Did you ship a vehicle or weapon? | | | | 9. Did you receive an overseas briefing at your last assignment? Did your spouse also attend? | | | | | | | | |
| 5. Are you serving an accompatour? | | | | D. Are You a Reservist, National Guardsman, or ugmentee? | | | | | | | | |
| Remarks: | | | | | | | | | | | | |
| Service Member Signature: | Date: | | | | | | | | | | | |